



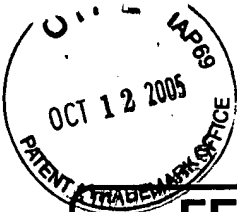
ZFW  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	10/039,254
		Filing Date	January 2, 2002
		First Named Inventor	Roni Rosner
		Art Unit	2122
		Examiner Name	Eric B. Kiss
Total Number of Pages in This Submission	16	Attorney Docket Number	42390P12485

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Basic Filing Fee  <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">- First Class Certificate of Mailing; and - the stamped return receipt postcard.</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	10-10-05

CERTIFICATE OF MAILING/TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Typed or printed name	Krista Mathieson
Signature	<i>Krista Mathieson</i>
Date	10/10/05



# FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/039,254
Filing Date	January 2, 2002
First Named Inventor	Roni Rosner
Examiner Name	Eric B. Kiss
Art Unit	2122
Attorney Docket No.	42390P12485

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 350.00

## METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

## FEE CALCULATION

### 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
36	29* = 7	50.00	\$350.00
Independent Claims	6	6* = 0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claim, if not paid
1204 300	2204 150	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent

\*\*or number previously paid, if greater, For Reissues, see below

SUBTOTAL (1) (\$) 350.00

### 2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee Description
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet.
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,590	2254 795	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
1403 1,000	2403 500	Request for oral hearing
1451	2451	Petition to institute a public use proceeding
1460 130	2460 130	Petitions to the Commissioner
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)
1806 180	1806 180	Submission of Information Disclosure Stmt
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) \_\_\_\_\_

SUBTOTAL (2)

(\$)

Fee Paid

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature				Date	10-10-05



Corres. and Mail

**BOX AF**

**RESPONSE UNDER 37 C.F.R. § 1.116**

**-- EXPEDITED PROCEDURE --**

**EXAMINING GROUP 2100**

Our Docket No: 42390P12485

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Roni Rosner

Application No: 10/039,254

Filed: January 2, 2002

For: Controlling Compatibility Levels  
Of Binary Translations Between  
Instruction Set Architectures

Examiner: Kiss, Eric B.

Art Unit: 2192

**RESPONSE TO FINAL OFFICE ACTION**

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed September 29, 2005, Applicants respectfully request the Examiner to enter the following amendments and to consider the following remarks.

**FIRST CLASS CERTIFICATE OF MAILING**

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria VA 2231-1450

10/13/2005 MBELETE1 00000021 10039254

01 FC:1202

350.00 OP

October 10, 2005

Date of Deposit

Krista Mathieson

Name of Person Mailing Correspondence

*Krista Mathieson*  
Signature

*Oct. 10, 2005*  
Date